

Shooting Range Expense Report

Montana Shooting Range Development Grant Program								
Project Expense Record								
Organization Name:								
Project Number:								
Date:			TAX ID:		Donation			
Date	Invoice Number	Vendor / Supplier	Describe Item & Use	Check #	Value of in-Kind Donation	Actual Out-of-Pocket Cost	Total of In-Kind & Out-of-Pocket	FWP Portion = 1/2 of total
When claiming labor-include work log with names and hours worked			Totals					
PLEASE REMEMBER TO ATTACH A COPY OF EACH DOCUMENT THAT SUPPORTS CLAIMED COSTS.								
ARRANGE THE DOCUMENTS IN THE SAME ORDER AS LISTED ON THE RECORD AND HIGHLIGHT EACH COST BEING CLAIMED.								